DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty Sole										
T Colo	pe (Please select	one)			_					
Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other				
Business Designat	ion Group (Pleas	e select all that appl	y)				_			
☑ MBE	□WBE	✓ SBE	PBE		VET	DVET	✓ ESB			
Minority Business Enterprise	Business Women-Owned S		hall Business Physically Challenge Business Enterprise		Veteran Owned Business Disabled Veteran Owned Business		Emerging Small Business			
Number of Cla	ark County N	evada Resident	s Employed:			75				
Corporate/Busines	s Entity Name:	MY NEXT CAREER PATH STAFFING, LLC								
(Include d.b.a., if a		MNCP STAFFING								
	ррисаые)	6871 S EASTERN	AVE, STE 103	W	/ebsite:www.mncpsta	ffing.com				
Street Address: City, State and Zip	Code:	LAS VEGAS, NV 8	VEGAS, NV 89119			POC Name: RENEE BOYCE Email: rboyce@mncpstaffing.com				
Talantana Nas		702.268.9781			Fax No: 702.287.1944					
Telephone No: Nevada Local Stre	Wahaita SAME									
(If different from a	pove)									
City, State and Zip	Code:			L	ocal Fax No:					
Local Telephone N	lo:			Local POC Name: Email:						
e and allowed all b	I interest. The discl	osure requirement, as a	pplied to land-use ap overned by Title 7 or	oplications, e	Revised Statutes, including	ding but not limited to pri				
e and allowed all b	I interest. The discl	osure requirement, as a	pplied to land-use ap overned by Title 7 or	oplications, e	gends to the applicant at	ding but not limited to pri rporations. % Owr (Not required for F Corporations/Non-pro	vate corporations, ned rublicly Traded			
e and allowable all b	Il interest. The disclousiness association reign corporations,	osure requirement, as a is organized under or g limited liability compani	pplied to land-use ap overned by Title 7 or	opiications, ex f the Nevada ited partnersh	Revised Statutes, including	ding but not limited to pri rporations. % Owr (Not required for F	vate corporations, ned ublicly Traded			
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DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

Signature

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT					
RENEE BOYCE	N/A	N/A	N/A					
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as gree)					
For County Use Only:	and above places complete the fell	owing:						
If any Disclosure of Relationship is noted above, please complete the following:								
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item? Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?								
Notes/Comments:								

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Fusia		to //Diagon pales	4	ŭ.								
	уту	pe (Please selec							☐ Non-Profit			
Sole Proprietorship		Partnership		Limited bility Company	Ø	Corporation	☐ Tru	ıst	Organization			
Business Desi	gnat	on Group (Pleas	se se	lect all that appl	ly)							
□мве		☑ WBE		□ SBE		☐ PBE			☐ VET		DVET	☐ ESB
Minority Busines Enterprise	ss	Women-Owned Business Enterprise	ı	Small Business Enterprise		Physically Ch Business Ent		d	Veteran Owned Business	Disabled Veteran Owned Business Emerging Sr Business		Emerging Small Business
Number of Clark County Nevada Residents Employed: 18												
Corporate/Bus	ines	s Entity Name:	Ap	pleOne, Inc.								
(Include d.b.a.,			Ар	pleOne Empl	loym	nent Servic	ces					
Street Address		piroubicy	32	7 W Broadwa	ay			We	bsite: www.apple	one.	com	
City, State and		Code:	Gle	endale, CA s	912	04		POC Name: Rick H. Hagmann Email: govservices@appleone.com			com	
Telephone No:			714	4-596-7780				Fax	x No: n/a			
Nevada Local S	Stree		21	40 E Pebble	e Ro	oad Ste 1	00	Website: www.appleone.com				
(If different from			Las	s Vegas, NV				1.00	cal Fax No: n/a			
City, State and	ZIP	Code:	-	2				Local POC Name: Amy Hoepner				
Local Telephor	ne N	o :	70	2-258-3010					nail: aho	epn	er@appleor	e.com
Entitles include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. **Governed** **Gove							l licly Traded					
Doct M. Hen		. ـــا		D	resident			49				
Dick W. Howley			Pirector			48						
Teatrary				hief Executive Officer				3				
Janice Bryant-Howroyd Chief Executive Officer 3												
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☐ Yes ☑ No 1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? ☐ Yes ☑ No ☐ (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)												
 Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 												
☐ Yes		☑ No (If	yes,	please complete th	ne Dis	closure of Rela	ationship	form	on Page 2. If no, pleas	se prin	t N/A on Page 2.)	
I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Rick H. Hagmann												
Signature						Print Name						
Chief Financ	ial (Officer										
Title						Date						

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DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT				
n/a							
111.00							
 * County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage. "To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows. Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree) Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree) 							
For County Use Only:							
If any Disclosure of Relationship is noted above, please complete the following:							
☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?							
Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?							
Notes/Comments:							
							
Signature							

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REVISED 7/25/2014